at work

21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 9/10 22o. SIGNATURE

NAME (Type)

23o. BURIAL CREMATION. REMOVAL (Specify)

19 66, and that death accurred at _____M, fram causes and an the date stated abave.

22d. ADDRESS

DIRECTOR

PHYS.

22b. DATE SIGNED

22c. PHYSICIAN'S

Dr. A. C. Dick 23b. DATE THEREOF

9/13/66

23c. NAME OF CEMETERY OR CREMATOR alena Chestery

Chestertown, Maryland 23d. LOCATION (City or Town) (Court Galena Maryland

, 19<u>66</u>, to 9/10

(County) (Stote)

, 19.66, that (I) (we) last

shauld

be retained

directar, page shauld be filed Burial 24. FUNERAL DIRECTOR

Chestertown, Md.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Kent County, Maryland o. state arvland b. county ent MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Chestertown, Maryland Lifetime d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 238 College Ave YES TI NO Middle 4. DATE Year 66 Month Bratcher A. DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Various Maryland 14. MOTHER'S MAIDEN NAME Elizabeth Taylor 16. SOCIAL SECURITY NO. 17. INFORMANT Chestertown. Md. Randolph Johnson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Hypertensive cardiovascular renal disease vears Hospitalazed several times in the past 3 years in states of congestive failure and inpending renal failure. Found dead in his room about on the day of death, Had been dead about 5 6 hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 May have had digitalis intoxication NOTE YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) factory, street, affice bldg., etc.) While Not while at work at wark 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER Sept 15, 1966 ASSISTANT MEDICAL EXAMINER Robert W. Farr M.D. DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 2nd LOCATION (City, town, or county) Chestertown, Maryland (Stote) 966 Janes Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAP 24b. REGISTRAR'S SIGNATURE Chestertown, Md.

VS. A15ME(5) 5M 9/55

AND THE SELECT OF SELECTION PROPERTY AND ADDRESS OF THE PARTY AND ADDRE TOWN THE STATE OF THE PROPERTY AND ADDRESS OF THE PARTY O

12827

Reg. Dist. No.

| | PLACE OF DEATH KONT MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Kent |
|---------------|--|---|
| RFI | b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b Regim represt foun) 1 year | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) | d. STREET ADDRESS 402 Calvert Street 402 Calvert Street 6. IS RESIDENCE ON A FARMA YES NO E |
| 10 | NAME OF DECEASED Reuben First O. Middle Can | non Lost A. DATE Of September 29 19 66 |
| | male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B | /23/41 25 yrs. Months Days Hours Min. |
| 100 | usual Occupation (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) 1aborer - various | TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Kent county USA |
| | FATHER'S NAME Robert D. Cannon | 14. MOTHER'S MAIDEN NAME Edna Dickerson |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I | dna Dickerson Chestertown, Md. |
| CERTIFICATION | Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT PRODITIONS CONTRIBUTING TO DEATH BUT N breaths and diego. | e and over weight. Became very edema- weeks before death. Had syncopal weeks prior to death. Banged on wal ath & was observed to take 3 or 4 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL OF PART 11 of item 18.) |
| MEDICAL C | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, ary, street, office bldg., etc.) 20f. (City or town) (Caunty) (State) |
| | 21. I certify that I took charge of the remoins described abodeath resulted from: Natural causes . Accident . Sui | cide, Homicide, Undetermined cause |
| | EXAMINER'S Robert W. Farr, M.D. | _M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/3/66 |
| 220 | | CREMATORY 22d. LOCATION (City, town, or county) (State) A ETER & Chester Town, Md |
| 23. | Funeth Wally Chester Town | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md DATE OCT 1866 Whaves Judges |

cute the certiff forwarded to TO FUNERAL DIR VS. A15ME(5) 5M 9/55

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THE REPORT OF THE PROPERTY OF THE PARTY OF THE PARTY. Definition with a property of the contract of The one was a series of the second and the second series of the second STATE AND LANGE - CORPERED AND LANGE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12828

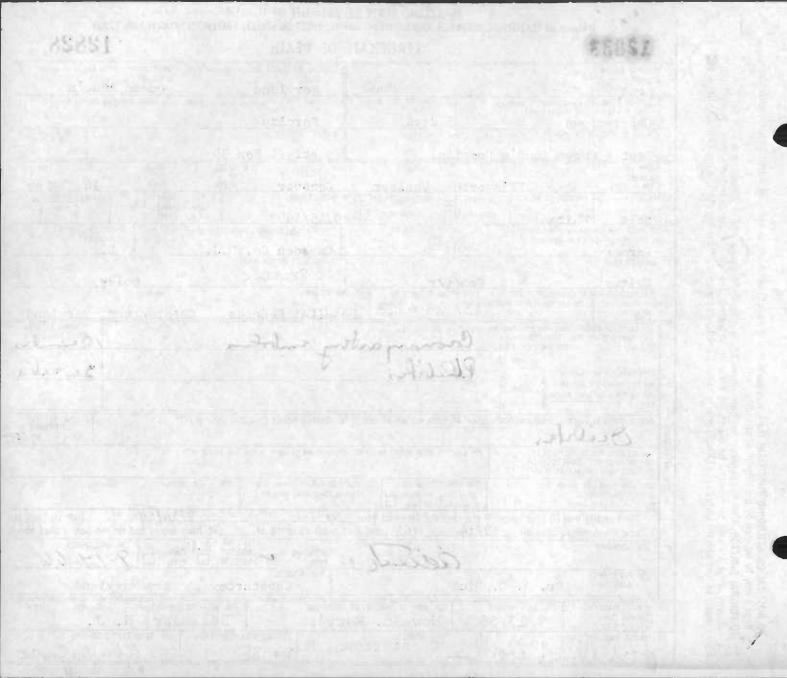
| | 12033 | | CERTIFICAT | E OF DEATH | | | 160 | 040 |
|---------------|--|-----------------|------------------------------|--|---------------------|-------------------|----------------|-------------------------------|
| | PLACE OF DEATH | | | 2. USUAL RESIDENCE (| Where deceosed li | | Residence befo | ore odmission) |
| 0 | Kent | | MARYLAND | o. STATE Maryland | d | b. COUNTY | n Anne | 1 0 |
| b | city OR TOWN (if outside corporate limits | 5, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If or | | | | |
| | write RURAL and give nearest town) | | 5 3 | | | | | 7.27 |
| | Chestertown I. NAME OF HOSPITAL OR INSTITUTION (If no | t in hospital a | 5 days | d STREET ADDRESS | | | | e IS RESIDENCE |
| 0 | | , , | | | | | | ON A FARM? |
| | Kent & Queen Anne' | s Hospi | | Rt. #1 | | | | YES NO K |
| | AAME OF Fir DECEASED | st | Middle | Lost | 4. DATE OF | Month | Do | y Year |
| | | 1sworth | Vanleer | Conover | DEATH | 9 | 14 | 19 66 |
| S. S | EX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | | INDER I YEAR | Hours Min. |
| | Male White | WIDOWED | DIVORCED | 9/15/1909 | | 6 Yrs. | IIIIIS DOA2 | Hours Min. |
| 10o. | USUAL OCCUPATION (Give kind of work done | | ND OF BUSINESS OR | 11. BIRTHPLACE (County | | | 12. CITIZEN O | |
| durir | ng most of working life, even if retired) | OWI | DUSTRY | ComMidon C | o N T | | COUNTRY | |
| 13. | Farmer FATHER'S NAME | | | Cambden Co | NAME | | 03 | |
| | | | | Franc | | 0 | 7 1 | |
| 10 | Walter WAS DECEASED EVER IN U.S. ARMED FORCES? | | OVET SOCIAL SECURITY NO. 17. | INFORMANT | | Address | oldy | |
| | s, no, or unknown) (If yes give war or dotes o | | 10 1.11.7 | | | | | |
| | No | 13/ | 10 4147 | Hospital Red | ords | Chesterto | | |
| | IB. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: | se per line for | (o), (b), ond (c).) | | | | | TERVAL BETWEEN NSET AND DEATH |
| | IMMEDIATE CAUSE | (0) | zonany and | Bry Ember | Rug | | 10 | mining |
| | DUE | TO 01 | 010 | 4 | | | | 0 |
| | Conditions, if ony, which gove | (b) 1 | lehti. | | | | ,2 | weeks |
| | rise to immediate couse (o), stoting the underlying couse | TO | | | | | | |
| | | (c) | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CO | ONTRIBUTING T | O DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CO | NDITION GIVEN IN | PART I(o) | 19. | . WAS AUTOPSY |
| CERTIFICATION | Begata. | | | | | | , | PERFORMED? YES NO |
| FICA | 20o. ACCIDENT WAS UNDERLYING | 205 DES | SCRIBE HOW INJURY OCCURRED | (Enter noture of injury in | Port I or Port II o | of item 181 | | 100 |
| ERT | OR CONTRIBUTING CAUSE OF DEATH | 200. 00. | ACCIDE HOW MIJORY OCCURRED | . (Enter hotore of injery in | 1011 1 01 1011 11 0 | Thene is, | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) | L OO J IM | DILIPA OCCUPATO | ACT OF INHIBY (Home for | n, 20f. (Cit | ty or town) | /County A | (((,,,,) |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour o.m. | While | - Not While - fo | ACE OF INJURY (Home, for octory, street, office bldg., etc. | | y or town) | (County) | (Stote) |
| Z | p.m. 19 | ot work | ot work | | | | | |
| | 21. I certify that (I) (this hos | | ded the deceased fram_ | 9/9/66 | 19, ta | 9/14/66 | , 19, t | hat (I) (we) la |
| | saw the deceased alive an | 9/14 | 19 <u>66</u> , and th | at death accurred at | | | | |
| | 22o. SIGNATURE | | 5:51 | ATTENDING - | 8:25 A. | M. JAFF 2 | 22b. DATE SIGI | |
| | | | ROLLE 1 | A.D. PHYS. | DIRECTOR | PHYS. | 9-14 | -66 |
| | 22c. PHYSICIAN'S | 0 0 1 | | 22d. ADDRESS | | | 7 | 7 |
| | NAME (Type) Dr. A. | C. Dick | ζ | Ches | tertown, | Halay Ma | aryland | a |
| 23o. | BURIAL, CREMATION, 23b. DATE THE | REOF | 23c. NAME OF CEMETERY OF | R CREMATORY | 23d. LOCATIO | ON (City or Town) | (County | y) (Stote) |
| 1 | REMOVAL (Specify) 9/17 Burial 9/17 | /66 | New St. Ma | ary's | Bel1 | mawr, N | 1. J. | |
| 24. | FUNERAL DIRECTOR | 110 | ADDRESS | 2So. REC' | D BY REGISTRAR | | | RE |
| 1 | | 1111 | Chesterto | wn, Md. | TO TO | idaa M | 71 1 | Λ |

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth

Poge 4 may be retoined by the hospital ar ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| PLACE DF DEATH a. COUNTY | 77 | | a. STATE | Maryland b. | COLUMNY | ent |
|---|--|---------------------------------|-----------------------------|--------------------------------|------------------|-------------------------------------|
| h CITY OF TOW | Kent /N (if outside corporate limits, | MARYLAND | | V (If outside corporate limit: | | |
| write RURAL | and give nearest town) | 1 Yr. | | Millingtor | | no give nearest tomi, |
| | SPITAL OR INSTITUTION (if not In | | ss) d. STREET ADDRE | ESS | | e. IS RESIDENCE |
| Peacock | Convelesent H | | Non | | | ON A FARM? YES NO NO |
| 3. NAME DF DECEASED (Type or print) | First | Middle | avis | OF | Month 9-9-66 | Oay Year 19 |
| 5. SEX | 6. COLOR OR RACE 7. MARRIEL | D NEVER MARRIED | 8. DATE OF BIRTH | last birtho | | YEAR IF UNDER 24 HRS. |
| Female | COT WIDOWEL | D OIVORCED | April 4, | 7808 60 | rs. Months D | ays hours Min. |
| 10a. USUAL OCCUPAT | | KIND OF BUSINESS OR INDUSTRY | 20.0 | (County & State, or foreign co | COU | IZEN OF WHAT |
| Housew | rife N | one | Maryla | | US | A |
| 13. FATHER'S NAM | Record | | 14. MOTHER'S M | | | |
| | | 2 COCINI OFOURITY NO. 1 | No Re | | 16.00 | |
| (Yes, pa or unkown) | EVER IN U.S. ARMED FORCES? 16 (If yes give war or dates of service) | | 7. INFORMANT | | ddress | THE PARTY |
| | | | Doris Boo | ne Millingt | on, Mar | ryland |
| | DEATH [Enter only one cause per | line for (a), (b), and (c).] | 0 | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DE | EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | chor weller | whose | | | 3 days |
| 331X | OUE TO . | 0 0 0 1 | 0. | | 4 | 211.00 |
| Conditions, If | | thesome In | colles | | | merita |
| cause (a), st underlying caus | tating the DUE TO | poertusion | | | 4 | Lylap. |
| PART II. OTHER S | SIGNIFICANT CONDITIONS CONTRIB | JUTING TO DEATH BUT NOT R | ELATED TO THE TERMIN | AL DISEASE CONDITION GIVE | N IN PART 1(a) | 19 WAS AUTOPSY PERFORMED? |
| -ICAT | | | | | | YES NO |
| PART II. OTHER S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT | WAS UNDERLYING [] 20b. ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OF | CCURRED. (Enter nature | e of Injury In Part I or Part | II of Item 18.) | |
| N 20c. TIME OF | INJURY Month, Day, Year 20d. | | PLACE OF INJURY (Home | | n) (Count | ty) (State) |
| 20c. TIME OF I Hour a.n p.r | 441111 | e Not while | actory, street, office bldg | ¿., etc.) | | |
| | fy that (I) (this hospital) attend | | nch | 10 7 to Sept | ₹ . 19 66 | 2. that (I) (we) last |
| | ceased alive on | | | at 2 A M, from the cau | 77, | |
| 22a. SIGNATUR | | 1 | | | 22b. DAT | |
| | fly tow | Leuler | M.D. PHYS. | MED. STAFF PHYS. | 09.9 | 1966 |
| 22c. PHYSICIA NAME (Ty | | ALEWSKI' | 22d. ADDRESS | | | |
| 23a. BURIAL, CREM | 15-3 | 23c. NAME OF CEMET | ERY OR CREMATORY | 23d. LOCATION (Cit | y, town or coun | ty) (State) |
| REMOVAL (Spe | | Mt. Zion | | Marydel. | Maryla | nd |
| 24. FUNERAL DIRE | | ADDRESS | 25a. | REC'O BY REGISTRAR 25b | . REGISTRAR'S | SIGNATURE |
| 1.6.00 | class streen | stora, Md | DATE | SEP 14 1966 | Jelian | les judge |
| 77 | | | | | - | V |

VR AI5 (4) 20M 1/65

Service Servic No Vesser mell . the Section of Later ATTEMA

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY And b. COUNTY MC MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS URSING HOME WORTON MO 4. DATE Month funerol DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months WIDOWED D DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME REEMAN poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT address hastertown, md MRS. MildREd NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (0) DUE TO Had been invalid for a number of years. Conditions, if any, which gove rise to immediate couse nursing home 42 years at time of death. Said to have DUE TO (a), stating the underlying couse lost. PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY suffered from heart trouble. Died 7:30 P.M. 9/10/66 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Nat while a.m p. m. of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection F. Inquiry . death resulted fram: Natural causes A. Accident , Suicide , Hamicide , Undetermined cause MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE certif orwarded to ASSISTANT MEDICAL EXAMINER CheSTERTOWN, md NAME (Type) DEPUTY MEDICAL EXAMINER [3] 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. RÉC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

severa]

PERFORMED?

DATE SIGNED

(State)

9/13/66

(State)

vears

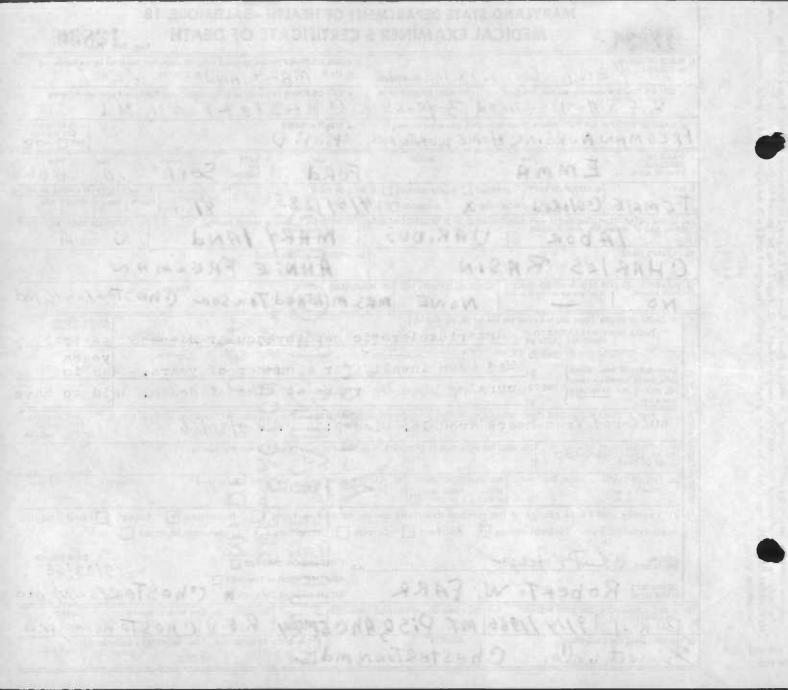
Was

(County)

1966

5M 9/55

VS. A15ME(5)



VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION CERTIFICATE OF DEATH PLACE OF DEATH

HISHAL DESIGENCE (Where deceased lived If institutions Residence before admission)

| | a. COUNTY COLO HADVIAND | a. STATE DO INVIA b. COUNTY & | 2016 |
|---------------|--|---|--|
| | b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL | and give nearest town) |
| 10 | write RURAL and give nearest town) HES TERTOWN 70AUS | Rock HAII | 124-1 |
| | d'. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| 1// | KENT & QUEEN ANNO'S HOSPITAL. IAC. | 130x 14 | YES NO |
| 3. | NAME OF First Middle | Last 4. DATE Month | Day Year |
| _ | (Type or print) MAKGARET JOSEPHINE | HARIMAN DEATH 9 | 23 1966 |
| 5. | SEX 6/ COLOR OR RACE 7. MARRIED NEVER MARRIED | | Days Hours Min. |
| 1/3 | EMPLE WATE WIDOWED DIVORCED | 6-23-1875 91 yrs. | TIZEN OF WHAT |
| du | a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INPUSTRY | CO | TIZEN OF WHAT |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | S: 17. |
| | In Mar Botton | Man Matilda Hapon | 0 |
| 1 | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. | INFORMANT Address | <u> </u> |
| CY | es, no, or unknown) (If yes give war or dates of service) 220-52-7923 | Harrital Kerneds | |
| - | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | 105/11/11-0000 | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | to found | ONSET AND DEATH |
| | DUE TO | Still Ver | /- |
| | Conditions, If any, which) (b) | OR MINER | |
| | gave rise to immediate (cause (a), stating the DUE TO | a st. nec a | |
| Z | underlying cause last. (c) | toba. | Lio Will MITOROV |
| AT 10 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| IFIC | 200 ACCIDENT WAS HADERI VINCTI 1 200 DESCRIBE HOW INVITED VOCAL | JRRED. (Enter nature of injury in Part I or Part II of Item 18. | YES NO |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRENCE OF CONTRIBUTION OF CO | | |
| | 101161 | CE OF INJURY (Home, farm, 20f. (City or town) (Cou | nty) (State) |
| EDICAL | Hou a.m. While Not While | ry, street, office bldg., etc.) | Your M. |
| Σ | 21. I certify that (I) (this hospital) attended the deceased from | | C, that (I) toye) last |
| | | death occurred at 23 MM, from the causes and on the | ~ |
| | 22a. SIGNATURE | 22b. D/ | ATE SIGNED |
| | College Und M.D | . PHIS. DIRECTOR PHIS. | /26/66 |
| | 22c. PHYSICIAN'S NAME (Type) Arthur T. Keefe | Chestertown, Md. | |
| 23 | | | inty) (State) |
| 20 | REMOVAL (Specify) Q /27/66 | | |
| 2 | Burial Wesley Cha | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S | |
| | Chestertown | , Md. DATE SEP 27 1966 Policy | Ja. O |
| - | The state of the s | | The state of the s |

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MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATISTICAL RESEARCH | H AND RECORDS, 301 W. PRESTON STREET, BA | LTIMORE 1, MARYLAND |
|----------------------------------|--|---------------------|
| | CERTIFICATE OF DEATH | 19029 |

| | 2000 | | |
|---------------|---|---|-----------------------------------|
| | PLACE OF DEATH L. COUNTY MARYLAND | a. STATE b. COUNTY | idence before admission) |
| 1 | b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and s | give neerest town) |
| | write RURAL end give nearest town) | Processor and Processor | 1-1-1 |
| | Chester town | d. STREET ADDRESS | e. IS RESIDENCE |
| (| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | U. SIRLLY ADDRESS | ON A FARM? |
| | The Kent & Queen Anne's Tespital Inc. | | YES NO |
| | NAME OF First Middle DECEASED | OF | Day Year |
| | (Type or print) Susia Elsia | Lamb DEATH 9 | 14 19 66 |
| - | | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE | |
| 1 | emale White WIDOWED DIVORCED | 1/16/1891 last birthday) Months Da | ys Hours Min. |
|)a | | | N OF WHAT COUNTRY |
| | ne during most of working life, even if retired) | | ITTO A |
| | Housewife | hent count, aryland | |
| | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | Louis Hyland Price VanZant | Elizabeth Emily Jarvis | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (Ifyesgivewarordatesofservice) | INFORMANT Address | |
| 10 | nono | osnital Records | |
| 1 | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | N. A. | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | and to morning | 4 months |
| | IMMEDIATE CAUSE (a) | | |
| | DUE TO | | |
| ı | Conditions, if any, which (b) | | |
| ı | gave rise to immediate cause (a), stating the underlying DUE TO | | |
| | cause last. | | |
| , | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 | (a) 19. WAS AUTOPSY PERFORMED? |
| ξ. | | | YES NO |
| CERTIFICATION | 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Part II of item 18.) | |
| . | | ACE OF INJURY (Home, farm, 20f. (City or town) (Count | y) (State) |
| MEDICAL | Hour e.m. While Not While fac | tory, street, office bldg., etc.) | |
| | p.m. 19 at work at work | | 7 |
| | 21. I certify that (I) (this hospital) attended the deceased from. | 6-10 1966, to 9- T 196 | (), that (I) (we) las |
| | saw the deceased alive on 9-14-6 6 1966, and that | | |
| | 22a. SIGNATURE | ATTENDING MED. STAFF | 22b. DATE SIGNEE |
| H | aldick | M.D. PHYS. DIRECTOR PHYS. | 7-14-66 |
| l | 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS | 111 |
| | 11. 11.45 | - NESTERNO WIT | 1.00 |
| 38 | B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL ISpesify) 0 /17 //66 | | (State) |
| | Burial 9/17/66 Chester Co | emetery Chestertown, Mo | 1. |
| 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG | GNATURE |
| | Chestertown, | Md. DATE SEP 19 1956 Icha | rley Judge |
| | | | |

doesh. Page 4. DirENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after doesh. Page 4. DirECTOR: After this certificate has been signed by the strending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the strending physician and complete. Age in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4 1SM 7-62

12881 SERVI 1 - Lancard T acced A.C. Dide Chasterte way Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral Bages 1 and 2 haurs ofter death 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF OEATH o. COUNTY MARYLAND Kent b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) van papers. Pag within 72 haurs Chestertown Chestertown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS completely filled in 113 S. College Avenue YES NO Kent & Oueen Anne's Hospital requires that the death certificate be executed within remove corban pin ony event, with 3. NAME OF Middle Lost Year **OECEASEO** Pearl **NMN** Lee (Type or print) **OEATH** 19 66 IF UNDER TYEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys WIDOWED Female White 3/19/1908 58 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physicion a during most of working life, even if retired) COUNTRY? INDUSTRY IIS Meat Sorter- Campbell Soup Penn. 14. MOTHER'S MAIDEN NAME Frank Oscar Smeal Elva Etta Narehood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) No Hospital Records 143-01-3732 Chestertown, Maryland IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Valvulitis Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the prior to has been 19. WAS AUT OPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The PERFORMED? NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached for te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While ATTENDING ot work ot work , 19 66, ta 9/30 21. I certify that (I) (this hospital) attended the deceased fram , 1966, that (I) (we) last 3 should with the be retained 19_66, and that death accurred at_ _____M, from causes and an the date stated above. saw the deceased alive on 9/30 22b. DATE SIGNED 220 SIGNATURE director, page 3 shauld be filed v MD. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. Robert W. Farr Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF (Stote) Greensboro Cemete y Greensboro, Md. 10/2/66 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Chestertown, Mesorley

20 M 1/66

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12834

| 1 | 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|-----|--|--|
| | KENT MARYLAND | a. STATE b. COUNTY Maryland Kent |
| - | b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | write RURAL and give nearest town) | Rock Hall, Maryland |
| - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS 0. IS RESIDENCE |
| | d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street address) | ON A FARM? |
| | KENT & O'BEN ANNES HOSPITAL | YES NO K |
| 1 | 3. NAME OF First Middle McGi | nnis ^{ast} 4. DATE Month Day Year |
| | (Type or print) RAIF | DEATH 0 20 19 66 |
| - | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IFUNDER1 YEAR IFUNDER 24 HRS. |
| | MALE WHITE WIDOWED DIVORCED | last birthday) Months Days Hours Min. |
| 1 | LOa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT |
| 0 | during most of working life, even if retired) INDUSTRY | Ougan Appela Marraland |
| - | Pk Mgr. Tolchester Park- | Queen Anne's, Maryland American |
| 1 | 15. FAIRER S NAME | 14. MOTHER S MAIDER NAME |
| | TOTAS MOGLALIS | FLIA START |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) | INFORMANT Address |
| | | Joyce B. Grean Chestertown, Md. |
| = | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: (FPFBOOI | ASCULAR ACCIDENT ONSET AND DEATH |
| | 7/ A W | 1 SCACKIE HUNDER |
| | Conditions, if any, which | CARDIOVASCULAR DISEASE YEARS |
| | gave rise to Immediate (b) | C CHRUIDVAS CULTAR PISEASC JEINES |
| | cause (a), stating the DUE TO | |
| | | LITUS MILI) |
| 1 5 | PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE PROPERTY OF T | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| 1 3 | MUCARDIAL DECOMPENSAT | TOOL CLEONIC + ACUTE YES NO DE |
| | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU | JRRED. (Enter nature of Injury In Part I or Part II of Item 18.) |
| 1 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 3 | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| 1 | Hour a.m. While Not While | pry, street, office bldg., etc.) |
| 13 | | 0 114 so : 0 - 20 so that the book look |
| | 21. I certify that (I) (this hospital) attended the deceased from | |
| | | t death occurred at 10'15 CM, from the causes and on the date stated above. |
| | 22a. SIGNATURE | ATTENDING MED. STAFF Q-22 - |
| | Jany 1 Cha M. | D. PHYS. DIRECTOR PHYS. |
| | 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS |
| 1 | HARRY P. ROSS | CHESTERTON, MANUALD |
| 0 3 | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify) 0 / 2/ / 66 | Y OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| 1 | Burial 9/24/66 Wesley Cha | |
| 1 | 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| | Chestertown | , Md. DATE SEP 26 1966 Policarlas Judge |
| - | 1 00/00 | TONIC TO TONIC TO THE TONIC TON |

VR A15 (4) 15M 4-64

The Productive Park-

Book Hall, Shryland

Cussen Anne s Mary Sand

Changerround.

manny . Heren II. Grean

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, please execute the certification writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the jief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrary ever to burial, cremation, or removol.

b. CITY OR TOWN
Chestert
d. NAME OF HOSP
at home

3. NAME OF
DECEASED
(Type or print)

No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12835

Reg. Dist. No.

| 1 | 1, 5 | PLACE OF DEATH | Kent | MARYLAND | O. STATE | (Where deceased lived. If instructional b. COUNTY) | | |
|-----|---------|---|---|--|--|--|---------------------|--|
| | C | hesterto | outside corporate limits, write RURAL | c. LENGTH OF STAY IN 16 Lifetime | c. CITY OR TOWN Cheste | (If outside corporate limits, wri | te RURAL and give n | earest town) |
| | | t home | Kent St. ex | | d. STREET ADDRESS | | | o. IS RESIDENCE ON A FARM? YES NO |
| | 1 | NAME OF DECEASED Type or print) | | eodore Needl | | 4. DATE Mor | 10 10 | Year 66 19 |
| 100 | | ale | white wildow | | pr. 1, 19: | 1 40 yrs | Months Days | Hours Min. |
| | | Tester: | on (Give kind of work done) 100 g life, even if refired) For C. P. Te | b. KIND OF BUSINESS OR INDUS lephone Co. Needles | Cheston Chesto | ertown, Md. | 12. CITIZEN OF | WHAT COUNTRY? |
| | (Yes, | | ER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 17. | Mrs. Jane | Addre | stertown | vife) |
| | NOI | Conditions, if an gave rise to immed (a), stating the cause last. | DUE TO (c) | calibra revolutions of entre | | | Lead onse | VAL BETWEEN T AND DEATH 7. WAS AUTOPSY PERFORMED? |
| | | 20a. EXTERMAL CAU PRIMARY Tor CON CAUSE OF DEATH. | | RIBE HOW INJURY OCCURRED. | flicted | | Y | ES NO X |
| | MEDICAL | 20c. TIME OF INJUR | _ , W | d. INJURY OCCURRED 20e. PLA hile Nat while fact work at work | CE OF INJURY (Home, for ory, street, office bidg., e | c.) Chestertus | (County) | (State) Mci |
| | | death resulted | at I took charge of the from: Natural causes | e remains described abo | cide , Homicio | le, Undetermined | , , , , , | and find that |
| | | EXAMINER'S ROL NAME (Type) | pert W. Farr | Kent County Chestertown | ASSISTANT MEDICAL | CAL EXAMINER | 9/18/6 | 6 |
|) | _ | BURIAL, CREMATION REMOVAL (Specify) | N, 226. DATE THEREOF 9/20/66 | 22c. NAME OF CEMETERY OR Chester Cen | | Chestertow | | (State) |
| | 23. | FUNERAL DIRECTOR | s signature les | Chestertown, | | SEP 2 2 966 | STRAR'S SIGNATUR | |

VS. ATSME(S) 5M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Kent b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

UTAL Chestertown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Rural Chestertown Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS home (Morgnec) Morgnec executed withIn NAME OF First Middle Last Month DECEASED Peterson Thomas Laurence DEATH Sept. (Type or print) 6. COLOR OR RACE | 7. MARRIED K KNEVER MARRIED remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) white last birthday) male 1895 lease re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR attending physician rmit. Then please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY The law requires that the death certificate be or attending physician. Farmer owner New Jersev Then ple removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME Harry Peterson Lillian Laurence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres FD been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 36 1621 Mrs. Mildred Peterson 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F p.m. at work at work 15 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to 19 66 and that death occurred at 8 A M, from the causes and on the date stated above. saw the deceased alive on Qu 22a. SIGNATURE M.D. DIRECTOR TO HOSPITAL (Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Koralewski Geza lington, Bux La L 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Baptist Cem. Salem 66 ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. Chestertown,

Md.

Kent

e. IS RESIDENCE ON A FARM?

YES NO

Year

FUNDER 24 HRS.

1966

12. CITIZEN OF WHAT

Chestertown,

19.

(County)

22b. DATE SIGNED 9/15/66

harlen

YES

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO Z

(State)

(State)

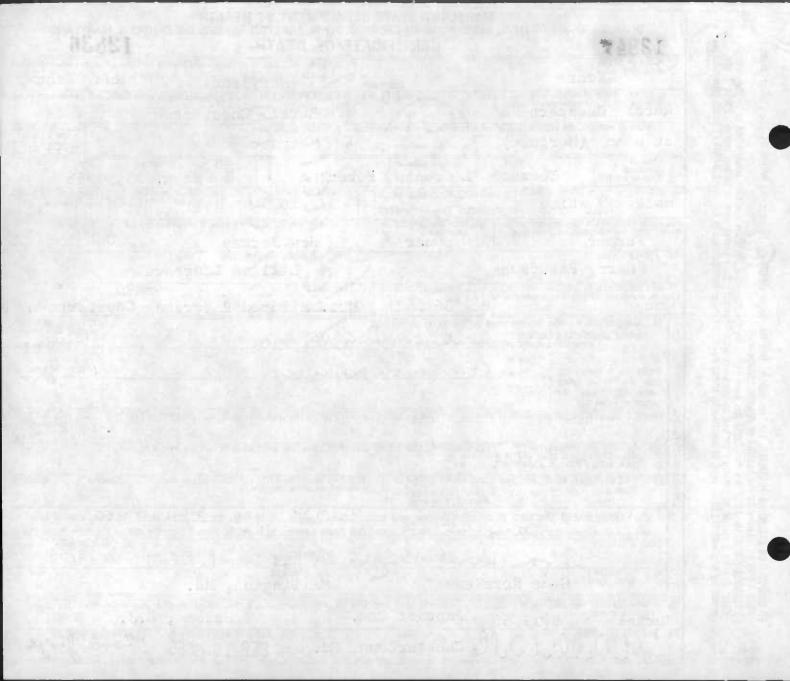
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Days

COUNTRY?

Months

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

| | DIVISION OF STATISTICAL RESEA | | , 301 W. PRESTON | | 1, MARYLAND |
|------------|---|--------------------------------|-------------------------------|---|--|
| | 12842 | CERTIFICATE | | | 2837 |
| | PLACE DF DEATH a. COUNTY | | a STATE | E (Where deceased lived, If institution b. COUNTY | |
| | Kent | MARYLANO MARYLANO | Mar | yland K | Kent |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | | outside corporate limits, write RL | JRAL and give nearest town; |
| | Kennedyville d. NAME OF HOSPITAL DR INSTITUTION (if not in ho | 87 years | d. STREET ADDRESS | medyville | e. IS RESIDENCE |
| | ting ting that tings | | d. STREET ADDRESS | | ON A FARM? YES NO X |
| | NAME DF First DECEASED (Type or print) Ida | May Scot | tten Last | 4. DATE Month OF DEATH September | , |
| | | NEVER MARRIEO 8 | 8. OATE OF BIRTH | | OER 1 YEAR FUNDER 24 HRS. |
| _ | Female White WIDDWED | F | | 374 92 yrs. | |
| Oa. uri | a. USUAL DCC UPATIDN (Give kind of work done 10b. Ki ring most of working life, even if retired) IN | (IND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE (CO | ounty & State, or foreign country) 12 | 2. CITIZEN OF WHAT COUNTRY? |
| | Housewife Ho | ome | Cecil Co | Maryland | U.S.A. |
| 3. | . FATHER'S NAME Benjamin Re | admil a | 14. MOTHER'S MAIDE | | |
| 15. | | | INFORMANT | . Bartley | |
| Yes | es, no, or unkown) (If yes give war or dates of service) | | | | 77 - 363 |
| T | 18. CAUSE DF DEATH [Enter only one cause per li | | Lanche Gro | ves, Kennedyvi | INTERVAL BETWEEN |
| | PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | Carlis vas | and Die scale | ONSET AND DEATH |
| | 437 | oblo searous | Carcers 4 c. | Laur Naco | 3-gear |
| | Conditions, If any, which (b) | | | | |
| | gave rise to Immediate | | | | |
| | cause (a), stating the OUL TO underlying cause last. | | | | |
| CALICIA | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU | TING TO DEATH BUT NOT RELAT | TED TO THE TERMINAL OF | ISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTDPSY PERFORMEO? YES ND |
| CERTIC | 2Da. ACCIOENT WAS UNOERLYING ☐ 2Ob. D DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUP | RREO. (Enter nature of | injury in Part I or Part II of Item | n 18.) |
| 1,4 | | | CE OF INJURY (Home, far | | (County) (State) |
| 100 | Hour a.m. While | k Not While factor | ry, street, office bldg., etc | c.) | |
| - | 21. I certify that (I) (this hospital) attende | | Jan 1 19 | 166 to their 19 1 | 96, that (I) (we) last |
| | saw the deceased alive on sext (| | death occurred at 3 | | |
| 1 | 22a. SIGNATURE | | | 22b. | O. OATE SIGNEO |
| | they yarr | M.O. | DHYS. | MEO. DIRECTOR PHYS. 91 | 120/66 |
| | 22c. PHYSICIAN'S NAME (Type) Robert W. Fa | arr | 22d. AOORESS Chester | rtown, Md. | |
| За. | REMOVAL (Specify) | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, town or | r county) (State) |
| | | 3 | netery | Chestertown, | Md. |
| 24. | 1.1 - 1/ | ADDRESS - Still Pond. | 202 | FD 0 1000 101 | RAR'S SIGNATURE |
| W | lictor N. Termedy | - Still Pond, | , Md . OATE S | EP 2 2 19166 gcc | iarles Judge |

VR A15 (4) 15M 4-64 12833 Commence of the second of the . in , already that the state of the state o With the Hound of the said TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

CE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

| 1. PLACE OF DEATH a. CDUNTY | 2 | a. STATE | E (Where deceased lived, If insti | | idence before admission) |
|---|---------------------|--------------------------|--|------------|--|
| | MARYLAND STAY IN 15 | | cyland outside corporate limits, writ- | | ent |
| b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Chestertown | STAT IN ID | | certown | NORAL GI | ina give nearest territy |
| d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give stri | eet address) | . STREET ADDRESS | Pel.COMII | | e. IS RESIDENCE |
| 227, 204 N. Queen St. | | | Street | | DN A FARM? |
| 3. NAME OF First Middle | 1 | Last | 4. DATE Month | - | Day Year |
| DECEASED (Type or print) Margaret Anna | Sene | | OF DEATH Septem | nen | 9. 19 66 |
| 5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MAR | - 1 - | DATE OF BIRTH | 19 AGE (In years III | UNDER 1 Y | YEAR IF UNDER 24 HRS |
| Female White WIDOWED X DIVO | DRCED SE | pt. 7. 1 | 874 last birthday) N | onths D | ays Hours Min. |
| 10a. USUAL DCCUPATIDN (Give kind of work done 10b. KIND DF BUSINES during most of working life, even if retired) INDUSTRY | | | unty & State, or foreign country) | 12. CITI | ZEN OF WHAT NTRY? |
| Housewife | | Maryl | and | 000 | USA |
| 13. FATHER'S NAME | 1 | 4. MDTHER'S MAID | | | |
| Frank Coppage | | | Jane McFadder | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURIT (Yes, no, or unkown) (If yes give war or dates of service) | YND. 17. IN | FORMANT | Address | | |
| | Wm. | D. Gould | Chestertown | 1. Ma | ryland |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY: Arteriosc] | | cardio-v | vascular dise | ase | INTERVAL BETWEEN DNSET AND DEATH SEVERAL |
| IMMEDIATE CAUSE (a) | | | | | years |
| Conditions, if any, which (b) | | | | | |
| gave rise to immediate cause (a), stating the DUE TD | | | A STATE OF THE PARTY OF THE PAR | | |
| underlying cause last. (c) | | | | | |
| PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED | TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PA | RT 1(a) | 19. WAS AUTOPSY PERFORMED? |
| PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | INJURY OCCURRI | ED. (Enter nature of | Injury In Part I or Part II of | item 18.) | |
| | D 20e. PLACE | DF INJURY (Home, fai | rm. 20f. (City or town) | (Count | (State) |
| 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRE While Not While at work at work at work | factory, | street, office bldg., et | c.) | | |
| 21. I certify that (I) (this hospital) attended the decease | ed from 9/7 | 20 10 | 64, to 9/9 | 1066 | _, that (1) (we) last |
| saw the deceased alive on 9/9 19 66 | 1 | eath occurred at | M. from the causes at | | |
| 22a. SIGNATURE | and that are | | | 22b. DAT | |
| Otel V-ken | M.D. | | MED. STAFF PHYS. | 9/12 | /66 |
| 22c. PHYSICIAN'S NAME (Type) Robert W. Farr | | 22d. ADDRESS (| Chestertown, | Mary | land |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME D | OF CEMETERY DR | CREMATORY | 23d. LOCATION (City, tow | n or count | ty) (State) |
| | ch Hill | | Church Hill | | |
| 24. FUNERAL DIRECTOR ADDRESS | | 25a. REC | 'D BY REGISTRAR 25b. REG | | SIGNATURE |
| Edgar of have Church 1 | Hill, Me | d. DATE S | EP 19 1966 20 | Chary | en Judge |

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MARYLAND STATE DEPARTMENT OF HEALTH

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CFRTIFICATE OF DEATH 284 CERTIFICATE OF DEATH 198411

| | 1. PLACE OF DEATH a. COUNTY ART AND 2. USUAL RESIDENCE (Where deceased lived, a. STATE MART AND b. (| If institution: Residence before admission) COUNTY KENT. Q.O. |
|---|--|---|
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) M. I. N. Jon M. I. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) M. I. N. Jon M. I. N. Jon M. I. FET; ME M. II. N. Jon M. Jon M. II. N. Jon M. II. N. Jon M. Jon M. II. N. Jon M. Jo | s, write RURAL and give nearest town) MARY/AND |
| ò | A 7- Hom E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R. F. D. # 1 | e. IS RESIDENCE ON A FARM? YES NO. |
| | 3. NAME OF DECEASED (Type or print) WILL'S STANLEY 9. DATE OF DEATH SER | Month Day Year 7 1966 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH. 9. AGE (In yellow block) 9. AGE (In yellow) 9. AGE (In | ears IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10c. KIND OF BUSINESS OR INDUSTRY 10c. WINDUSTRY 11. BIRTHPLACE (County & State, or foreign co | |
| | DOUR / AS STANIEY GERTRUJE & | DOWERS |
| | | nson R.f. O m. 11: ng Ton, wh |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO D | INTERVAL BETWEEN ONSET AND DEATH ONLE LANG |
| | Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Scovering Cufful Calory for the cause (a), stating the underlying cause last. | 2 years. |
| 0 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part (IF EITHER, NOTIFY MEDICAL EXAMINER) | N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 |
| 1 | | II of Item 18.) |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work | n) (County) (State) |
| | 21. I certify that (I) (this hospital) attended the deceased from 100 , 19 67, to 300 , 19 66, that (I) (we) last saw the deceased alive on 19 66, and that death occurred at 10 P M, from the causes and on the date stated above. 22a. STANATURE M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSIGNAN'S 22d. ADORESS 22d. ADORE | |
| | MAME (Type) GEZA KORALEWSKI MILLINGTON, MD. 24657 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 1 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State), | |
| 2 | BUR. A 10/5/1966 ASBORYCEMETERY RIF.D | Millington, And |
| | 24. FUNERAL DIRECTOR ChaSige Town and Date OCT 5 1966 | Orling Rollinger |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 20M I/65

112.840 HARJIE FRESINO FEEL CO Side married to the few of the standard for many the HI- Hom E-19899 24114 Stemiet 32 -14 Delle Coloned " 7/5 /1917 49 HOUSE GUALLETING COOPER DOUG 1922 SHALE GERTERAL SUNESS 216-18-248y miss make gake T Junus of Ministrial BORENT 1075/1966 ASDORFEENETERS FROM MITTERSTEIN constitution Charles town and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY STATE by the fi e remove carbon papers. Pages 1 in any event, within 72 hours after MARYI ANO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 45 00 estert OWK filled in d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) executed within completely NAME OF 3. Middle Last 4. DATE DECEASED (Type or print) DEATH SEX 6. COLOR OR OATE OF BIRTH NEVER MARRIEO MARRIEO and WICOWED DIVORCED s attending physician a permit. Then please re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or ri 16. SOCIAL SECURITY NO. 17. **INFORMANT** (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to Immediate **OUE TO** cause (a), stating underlying cause last. CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20a. ACCIDENT WAS UNDERLYING MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work While be retained by at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 17 22a. SIGNATURE ATTENOING PHYS. OIRECTOR TO HOSPITAL (Page 4 may I PHYSICIAN'S AOORESS 22c. 22d. NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) S ADDRESS FUNERAL DIRECTOR 25a.

b. COUNTY (SEP OR/TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO. Month Oav Year AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Oavs Hours 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? COOK Address INTERVAL BETWEEN ONSET AND DEATH CY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO Z YES 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (County) (State) - 2 19 2 6 that (I) (we) last P.M. from the causes and on the date stated above. 22b. OATE SIGNEO STAFF LOCATION (City, town or county) (State) REC'O BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) OATE 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY letely filled in by the furbon papers. Pages 1 a , within 72 hours after d a. STATE b. COUNTY County, Maryland ent Marvl Kent b. CITY DR TOWN (if outside corporate limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Chestertown 24 hours Lifetime Chestertown, Maryland d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? S. Queen Street ND T remove carbon par n any event, withir within NAME OF First Middle DATE Month Last Day Year DECEASED OF Yorker 9 Louise B. 1066 (Type or print) DEATH 6. CDLOR OR RACE | 7. MARRIED OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Jast birthday) | Months | Days Hours Female Colored WIDDWED T OIVORCED [= 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT d by the attending physician ransit permit. Then please I cremation, or removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? Various U.S.A. Maryland Labor certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blake Lewis Sarah Hazelton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address Chestertown, Ma. death (Yes, no, or unkown) (If yes give war or dates of service) Mr. Henry Rigby St. 214-18-4526 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the been signed by t the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. UMSI IMMEDIATE CAUSE (a). Severall teriosclerotic cardiovascular disease The law requires Conditions, if any, which vears gave rise to Immediate DUE TD cause (a), stating the as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate had for use a tr. of Health p PERFORMED? the hospital or ND X YES 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY DCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) this certi etached f Dept. of 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED After this be deta State De 20e. PLACE DF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After age 3 should be diled with the State MEDI While Not While ATTENDING at work at work retained 46 21. I certify that (I) (this hospital) attended the deceased from 166 that (I) (we) last 66 saw the deceased alive or and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED OR be page filed ATTENDING STAFF M.D. DIRECTOR PHYS. HOSPITAL (age 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) Farr M.D. Robert Chestertown, Maryland Page / BURIAL, CREMATION, NAME OF CEMFTERY OR CREMATORY LOCATION (City, town or county) 0 REMOVAL (Specify) 966 Cemetery Chestertown, Maryland Buria Janes FUNERAL DIRECTOR 24. AODRESS 25a. harles Chestertown, VR A15 (4) DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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